		Ellec	rive Octor	)er 1, 20	000			1 '	971	014	/ *****	New Y
Rabean			S FILED - PART (Column 1)		(Column 2)		SMA		NTITY	·OR	ÖTHER SMALL	THAN/ ENUTRY
TOTALCLAIMS			٠				RA	TE	FEE.	]	<b>PRATE</b>	AFEE !
TOR 200			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	355.00	OA	BASIC FEE	710,00
TOTAL CHARGEABLE CLAIMS			/ 4 minus 20=		•		X\$	9=		OR	A	
INDEPENDENT CLAIMS			<b>λ</b> minus 3 =				X4	0=			(V.)	
ML	JLTIPLE DEPEN	NDENȚ CLAIM P	RESENT				112	)F_		OR	N. 5 48	
If the difference in column 1 is less than zero, enter "0" in column 2								35= Få!		OR	S. W. S. C. S. C. Cont.	
CLAIMS AS AMENDED - PART II								ΓAL.		JOR	TOTAL	THÀN
	A	(Column 1)		(Colu	mn 2)	(Column 3)	SM	ALL	ENTITY *	OR	SMALL	
ENT.A		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA		ADDI- TIONAL FEE		RATE 1	ADDAL FOXAL FEE
Q	Total W	:213	Minus	•• á	20	= 1-73	X\$		. Supple	OŘ	*X\$18=	
AME	Independent	• 2	Minus	***	3	=	X4		**************************************	OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							5=		OR	+270=**	•
er <sub>e</sub>	* 112,1		•				ADDIT.	DTAL EEE	-	OR	TOTAL ADDIT. FEE	7/2/5/2/2
(Column 1) (Column 2) (Column 3)								FEE		ا وروند روندر افت		
ENDMENT B	:	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI-? TIONAL FEE-
NON	Total	•	Minus	**		- =	X\$	9=		OR	X\$18=	
AME	Independent	•	Minus	***		=	X40	)=		OR	X80=	4400 A1489
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	5=		OR	+270=	·
							TO ADDIT.	TAL		OR	TOTAL ADDIT, FEE	٠.
	,	(Column 1)		(Colum		(Column 3)	,			-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	) <u> </u>		OR	X\$18=	ï
	Independent	•	Minus	***		=	X40				X80=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						~~	_		OR		
• 1	If the entry in colu	mn 1 is less than th	ne entry in colu	ımn 2. write	"O" in co	lumn 3.	+13			OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Num	nber Previously Pai	d For" (Total o	r Independe	ent) is the	highest number	r found in th	ie app	ropriate box	in col	umn 1.	